



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

04 DEC -2 PM 12:07

**CANDIDATE COMMITTEE
COVER PAGE**

CLARENCE PARABRAUGH
MACOMB COUNTY CLERK

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10 18 04 to 11 22 04
Mo Day Year Mo Day Year

1. Committee I.D. Number 137338	4. Candidate Last Name GIBSON First Name BOB M.I.
2. Committee Name FRIENDS OF BOB GIBSON	4a. Office Sought Including District # or Community Served (If applicable) COUNTY COMMISSIONER - MACOMB DISTRICT 18 4b. County of Residence MACOMB
5. Committee's Mailing Address 24651 MEADOW LANE HARRISON TWP, MI 48045 Area Code and Phone 586-746-0983 <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address JOHN FREEMAN 28342 DARTMOUTH MADISON HEIGHTS, MI 48071 Area Code & Phone (248) 547-9378
7. Treasurer's Business Address 220 BAGLEY STE #430 DETROIT, MI 48226 Area Code and Phone (313) 963-3847	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11</u> <u>2</u> <u>04</u> Month Day Year</p>	<p>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper John Freeman Signature John Freeman Date 12/1/04
Type or Print Name Signature Mo Day Year

Candidate Robert Gibson Signature Robert Gibson Date 12/1/04
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137338

2. Committee Name

FRIENDS OF BOB GIBSON

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	1050 ⁰⁰	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	1050 ⁰⁰	(18.) \$ 16,869 ⁹⁹
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	—	(19.) \$ —
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	1050 ⁰⁰	(20.) \$ 16,869 ⁹⁹
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	2851 ⁸⁰	(21.) \$ 4998 ³⁸
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	—	(22.) \$ —
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	2067 ⁷⁰	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	—	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	—	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	2067 ⁷⁰	(23.) \$ 11815 ⁹⁴
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	—	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	—	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	—	(24.) \$ —
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	487 ²⁰	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	—	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	6071 ⁷⁵	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	1050 ⁰⁰	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	7121 ⁷⁵	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	2067 ⁷⁰	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	5054 ⁰⁵ *	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name FRIENDS OF BOB GIBSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11-15-04</u></p> <p>Name: <u>AFSME - AFL-CIO -</u></p> <p>Address: <u>1625 L STREET NW</u> <u>WASHINGTON DC 20036</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<u>1,000⁰⁰</u>	<u>1,000⁰⁰</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-18-04</u></p> <p>Name: <u>ARTHUR B CIBOR</u></p> <p>Address: <u>28087 MAPLE FOREST BLVD E</u> <u>HARRISON TWP MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<u>50⁰⁰</u>	<u>50⁰⁰</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>1050⁰⁰</u> <u>1050⁰⁰</u>	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number

137338

2. Committee Name

FRIENDS OF BOB GIBSON

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name MI DEM STATE CENTRAL Address: 606 TOWNSEND EAST LANSING, MI 48933 If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description PRINTING 5. Date Of Receipt: 10-28-04 6. Vendor Name & Address: AMERICAN GRAPHICS 34895 GROSBECK CLINTON TWP 48035	2851.80	4998.38
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

2851.80
2851.80

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137338
2. Committee Name FRIENDS OF BOB GIBSON

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>USPS</u> Address <u>MT. CLEMENS, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bus. Reply Act</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21</u>	<u>150⁰⁰</u>
Expenditure #2 Name <u>AMERICAN GRAPHICS</u> Address <u>34895 GROESBECK</u> <u>CHUTOW TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30</u>	<u>1664²⁰</u>
Expenditure #3 Name <u>JAH LION</u> Address <u>NORTH AVENUE</u> <u>MT. CLEMENS, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/30</u>	<u>253⁵⁰</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

2067⁷⁰
2067⁷⁰

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

137338

2. Committee Name

FRIENDS OF BOB GIBSON

This Schedule itemizes:

- a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input checked="" type="checkbox"/> Yes Owed to or by: PRACTICAL POLITICAL CONSULTING 220 ALBERT AVE EAST LANSING MI 48826	4. Type: <u>LISTS/LABELS</u> 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ <u>487²⁰</u>	487²⁰ \$ / / \$ / / \$ / / \$ / / \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	\$	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

487²⁰
487²⁰

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.